

Your decision to retire is one of the most important decisions you will make in your career. You've worked hard, and now the time has come. CalPERS wants to make your transition to retirement a smooth one. This booklet will help you make important retirement-related decisions and help you fill out the necessary applications and forms.

Stepping Into Retirement...

A Guide to Completing Your CalPERS Service Retirement Election Application



Table of Contents

Why Retirement Planning is Important.....	1	Other Things to Consider	31
Your Retirement Planning Checklist	2	Health Coverage	
The Step-By-Step Guide To Completing Your Retirement Application	5	Dental Coverage (State Members Only)	
Section 1 - Information About You		Vision Care (State Members Only)	
Section 2 - Information About Your Retirement		Long-Term Care Program	
Section 3 - Select Your Retirement Payment Option and Beneficiary		Other Deduction Payments	
Section 4 - Retired Death Benefit		Vesting for School and Other Part-Time Members	
Section 5 - Survivor Continuance		Changing Your Beneficiary or Monthly Benefit After Retirement	
Section 6 - Employer Certification			
Section 7 - Tax Withholding Election			
Section 8 - Member Signature & Notary			
What Happens Next?.....	14	How to Reach CalPERS	34
Notification of Retirement Allowance	14		
Retirement Forms	15		
Is My Paperwork in Order	17		
Service Retirement Election Application....	17		
Other Acceptable Documentation	18		
Information Practices Statement	18		
Forms	19		
<i>Retirement Allowance Estimate Request</i>			
<i>Service Retirement Election Application</i>			
<i>Justification for Absence of Spouse's or Domestic Partner's Signature</i>			
<i>Direct Deposit Authorization</i>			

Your *Service Retirement Election Application* is the main form you will need to “step into retirement.” However, based on your particular situation, there are some additional forms you may need to complete. And while we recommend planning for your retirement at least a year before your retirement date, you should not submit your application to CalPERS more than 90 days prior to your retirement date.

Many things can change during your last year of work, such as pay raises, sick leave credit changes, etc., that can affect your retirement benefits. Waiting to submit your application until the 90-day point can prevent having adjustments made to your benefits after you retire.

Why Retirement Planning is Important

Educating yourself beforehand is the key to making good retirement decisions. You cannot change your retirement option election, your designated beneficiary, or the retirement date you request on the *Service Retirement Election Application* after you receive your first full retirement benefit check. Therefore, it is very important that you fully understand what each election means to you and to those you plan to leave benefits to after your death. If you want to make a change to your election, contact CalPERS immediately.

To help you with making these important decisions, CalPERS offers a variety of information on retirement topics. Start by reviewing the detailed benefit information in your CalPERS member benefit booklet and the *Planning Your Service Retirement* booklet. You can get a copy of these and other CalPERS member publications from your employer, at any CalPERS Regional Office, or by calling toll-free (888) CalPERS (225-7377).

Our CalPERS On-Line Web site at www.calpers.ca.gov is an excellent source of information for all CalPERS programs and services. All of our member publications are available online.

Each October or November, CalPERS sends you an *Annual Member Statement* that provides information on your service credit history and your CalPERS contributions account. Review your member statement to make sure we have the correct employment history for you.

If you have not already attended a CalPERS Retirement Planning Workshop or Financial Planning Seminar, you can enroll online by using the CalPERS Web site, www.calpers.ca.gov, or by calling toll-free (888) CalPERS (225-7377). These workshops and seminars, which are scheduled throughout the state, help you understand the retirement process, financial planning, and the decisions you will need to make as you approach retirement.

Request a Retirement Benefit Estimate

Since financial considerations are such an important part of your retirement decisions, you should get an estimate of your future benefits. There are three ways to do this.

1. You can request an official CalPERS retirement estimate online. But you first have to sign up for our member log-in service by choosing a user name and password on our Web site at www.calpers.ca.gov.
2. The CalPERS Retirement Planning Calculator on our Web site lets you experiment by using different retirement dates to see how each one affects your benefits. Please be aware that the online calculator can only provide you with an approximate retirement benefit. It is not as precise as an official retirement estimate from CalPERS.
3. Ask CalPERS to complete an estimate for you by using the ***Retirement Allowance Estimate Request*** form in this booklet.

Your Retirement Planning Checklist

The following checklist will help you plan the steps you should take during the 12 months before you retire. If your retirement date is less than a year away, don't worry. CalPERS can still help you to retire on the day you have chosen. CalPERS can also expedite retirement processing for those who are facing a terminal illness. If this is your case, contact CalPERS or your employer immediately to discuss an emergency retirement.

One Year Before Retiring

- Review your latest CalPERS Annual Member Statement. If you don't have yours available, you can view your Annual Member Statement online by using the member log-in on our Web site or contact CalPERS toll-free at (888) CalPERS (225-7377) to request a copy. If you think you may be eligible to purchase additional service credit for employment not shown on your statement, you should request ***A Guide to Your CalPERS Service Credit Purchase Options*** booklet.
- Attend a CalPERS Retirement Planning Workshop or Financial Planning Seminar. You can register online on our Web site at www.calpers.ca.gov.

9 Months Before Retiring

- If you have a community property claim on your retirement account, you must provide CalPERS a copy of the court order that resolves the claim so we can determine if the order is acceptable for dividing retirement benefits. If the order is not acceptable, a further order will be required, which will delay the release of retirement benefits to all parties. Therefore, it is critical that the community property issue be resolved prior to your retirement. If you are not sure if CalPERS has received an acceptable court order, or if you have questions about your court order or your benefits, please contact the CalPERS Member Services Division Community Property Unit toll-free at (888) CalPERS (225-7377).

NOTE: If you have an acceptable court order that requires you to elect a specific option and name a specific beneficiary at retirement, your retirement application must be completed in accordance with these option and beneficiary requirements. Your retirement application will be rejected and supplemental retirement information will be required if you make the incorrect option and beneficiary designations.

- If you are also a member of another public retirement system in California in addition to CalPERS, you should review the ***When You Change Retirement Systems*** booklet. There are some steps you need to take to ensure you receive all the retirement benefits to which you are entitled from each system. You will have to file for retirement separately with each system; however, your benefits may be based on the highest compensation earned under all systems if you retire from all of them on the same date, depending on the provisions under each system.

6 Months Before Retiring

- Time to think about getting a retirement benefit estimate. Establish your member log-in user name and password on our Web site at ***www.calpers.ca.gov*** and obtain an official CalPERS estimate. You can also use the information from your Annual Member Statement to get an estimate from our online CalPERS Retirement Planning Calculator or complete the ***Retirement Allowance Estimate Request*** form in this booklet and send it to CalPERS. This information will help you choose your actual retirement date. If you are considering electing the optional Temporary Annuity benefit, obtain an estimate of your Social Security benefits with the Social Security Administration.

4 to 5 Months Before Retiring

- Begin working on your Service Retirement Election Application form. Since some of the information must be completed by your employer, we suggest you complete Sections 1 through 5 (the form and step-by-step instructions are in this booklet) and then take it to your Personnel Office to complete Section 6. Doing this now will ensure your employer has enough time to complete the form so that you can send it to CalPERS 90 days before your retirement date.

- This is also the time you should begin to gather and make copies of the required documents you will need. Remember, please send CalPERS **photocopies** of the documents; never send originals. Always include your Social Security number on every document you submit. Please refer to the Required Documents Checklist in this booklet before you send in your application.
- Copy of **Marriage Certificate** or copy of certificate of domestic partnership legally recognized in California is needed if you are a State or school member, or a public agency member whose employer contracts for the Survivor Continuance benefit, or if you will be naming your spouse or domestic partner as your beneficiary.
- Copy of **Your Beneficiary's Birth Certificate** is needed if you are considering one of the options to provide continuing benefits to a beneficiary after your death, or you have a child under the age of 18 or a child who became disabled before age 18 who is eligible for the Survivor Continuance Benefit.

3 to 4 Months Before Retiring

- If your Personnel Office has not yet returned your retirement application to you with Section 6 completed, this is the time to have them do so.
- Now, you should finish completing the application, Sections 7 and 8.
- Check out the other CalPERS forms in this booklet to see if you need to use them, based on your particular situation. These include: *Retirement Allowance Estimate Request*, *Justification for Absence of Spouse's or Domestic Partner's Signature*, and *Direct Deposit Authorization*.

3 Months Before Retiring

- Now it's time to mail your completed *Service Retirement Election Application* form and any other applicable forms to CalPERS at the address shown on the last page of the form. Be sure you keep a copy of all the forms and supporting documents for your records and future reference. Please do **not** fax your retirement application to CalPERS. Apply timely as any delay in mailing your application could result in a delay of your first payment.

The Step-By-Step Guide
*to Completing Your Retirement
Application*

Remove the application from the Retirement Forms section of this package, so you can follow the step-by-step instructions for each section while you are completing it.

Section 1 — Information About You

This section tells CalPERS about you.

- Enter your full name as it appears on your Social Security card. Note: If you have changed your name, you must provide CalPERS with a photocopy of the document validating the change (marriage certificate, court order, etc.). Additionally, the IRS requires CalPERS to obtain a photocopy of your updated Social Security card containing your new name before we can discontinue using your former name. Until we receive a copy of your updated Social Security card, we are limited to adding your new last name to the name currently on our records.
- Enter your Social Security number. CalPERS needs the number to obtain your employment information from our records.
- Enter your mailing address. We need your home address or P.O. Box number, including City, State, ZIP Code, and Country. Your monthly retirement check will be mailed to this address, unless direct deposit is established. CalPERS will also use your home address to mail your annual tax statement and other information to you. To select direct deposit, please complete the ***Direct Deposit Authorization*** form in this package.
- Your date of birth (month, day, and year) is needed to verify that our records are correct. We want to make sure this is accurate, since your age is one of the components used to determine your retirement benefits.

- Enter if you are male or female.
- Enter your home and work telephone numbers, so we can reach you if we have any questions or need more information.

Section 2 — Information About Your Retirement

This section tells us when you want to retire and provides other information needed to determine your benefits.

- Enter the actual **retirement date** you have chosen (month/day/year). Remember, your retirement may be effective any day of the week, including Saturday and Sunday. It should be the day following your last day of work or authorized paid leave of absence.
- Enter the **last day you were on payroll**. This information is required only if you left employment and were off payroll from a CalPERS-covered agency more than four months prior to your chosen retirement date.
- Add the **name of your employer**. This should be the full name of the CalPERS-covered agency you are currently working for. If you are no longer an active member, list the agency where you last worked.
- Enter your **position title**. This information should not be abbreviated or be an acronym. Please list the position title in full.

Temporary Annuity benefit is additional monthly income you may choose to enhance your pension from CalPERS. The type of Temporary Annuity you are eligible for depends on your CalPERS membership date.

- **Membership date of January 1, 2002, or later** – Indicate if you wish to have your retirement allowance calculated with Temporary Annuity. If yes, enter the age at which you want the Temporary Annuity to stop, whole age 62 to 70, and the dollar amount requested. You must have CalPERS service coordinated with Social Security to be eligible for this benefit. The amount of Temporary Annuity cannot exceed your estimated Social Security benefit. You must request an estimate of your Social Security benefits from the Social Security Administration prior to submitting your CalPERS retirement application.

OR

- **Membership date prior to January 1, 2002** – Indicate if you wish to have your retirement allowance calculated with Temporary Annuity. If yes, enter the age at which you want the Temporary Annuity to stop, age 59 ½ or any whole age 60 to 68, and the dollar amount requested. The amount of Temporary Annuity is not dependent on the amount of your estimated Social Security Benefit.

The Temporary Annuity benefit is funded through a lifetime reduction of your monthly retirement allowance. If you elect Temporary Annuity, you must also name a beneficiary for the Temporary Annuity balance in Section 3d of the application. If you are not sure if you want a Temporary Annuity and would like to know

more about it, contact CalPERS for a copy of the Temporary Annuity booklet. You can also request an estimate for Temporary Annuity by using the ***Retirement Allowance Estimate Request*** form in this package.

- Your **final compensation** is the highest average salary during any consecutive one-year or three-year period. Which compensation period we use depends on your employer's contract with CalPERS. If you are not sure, ask your Personnel Office.

To calculate the final compensation, we take your last day on payroll and go back 12 or 36 consecutive months. However, if you believe you had a different period when your compensation may have been higher than the period leading up to your last day on payroll, enter that information.

- If you are a member of another California public retirement system other than Social Security, military, or railroad retirement, check "yes" and complete the information in Other California Public Retirement Systems. Please list the complete name of the other California retirement system. Do not abbreviate.
- Enter the date of retirement with the other system.
- Add the dates of service credited.

To receive the highest possible benefit amount, your CalPERS retirement date must be the same as the retirement date from the other system. You must also submit a retirement application to each system.

Section 3 — Select Your Retirement Payment Option and Beneficiary

This section tells CalPERS your retirement allowance option choice. Keep in mind that the option chosen will be calculated based on payroll information on file when your application is submitted. The benefit amount at the time of retirement may be adjusted after final payroll information is received.

You need to decide if you want **Option 1, Option 2, Option 2W, Option 3, Option 3W, Unmodified Allowance Option, or one of the Option 4's**. More information on each of these options is provided here to assist you in making your decision. The retirement estimate you should have received provided you with a projection of the retirement benefit you and your beneficiary would receive for each of these choices.

Your option choices are:

- **Option 1** – Upon your death, any unused member contributions in your account will be paid to your beneficiary in a lump sum. Option 1 does not provide a continuing monthly allowance to a beneficiary.

Name your Option 1 Balance of Contributions beneficiary in Section 3d of the application.

You may designate more than one person as beneficiary. And you may change your beneficiary at any time by submitting a **Lump Sum Beneficiary Designation** form. However, if you are a State Second Tier member, you are not eligible for Option 1 because you did not make member contributions.

- **Option 2** – The same retirement allowance you receive will be paid to your beneficiary for life. If Survivor Continuance applies (see Section 5), and your beneficiary is not your eligible survivor, the beneficiary's allowance will not include the Survivor Continuance portion. Your retirement allowance will increase back to the Unmodified Allowance Option amount if:
 - your beneficiary dies; or
 - your non-spouse beneficiary waives entitlement to the Option 2 benefit; or
 - your beneficiary is your spouse or domestic partner legally recognized in California and upon a divorce, legal separation, or annulment you provide CalPERS with a judgment that awards you the entire interest in your CalPERS benefits; and
- you notify CalPERS of the change

Name your Option 2 Individual Lifetime Beneficiary in Section 3a of the application.

- **Option 2W** – As an alternative to Option 2, you may elect the slightly higher allowance under Option 2W. However, your allowance will not increase back to the Unmodified Allowance Option amount under the situations described in Option 2.

Name your Option 2W Individual Lifetime Beneficiary in Section 3a of the application.

- **Option 3** – In this option, one-half of your monthly retirement allowance will be paid to your beneficiary for life. If Survivor Continuance applies (see Section 5), and your beneficiary is not your eligible survivor, the beneficiary's allowance will not include the Survivor Continuance portion. Your retirement allowance will increase back to the Unmodified Allowance Option amount if:
 - your beneficiary dies; or
 - your non-spouse beneficiary waives entitlement to the Option 3 benefit; or
 - your beneficiary is your spouse or domestic partner legally recognized in California and upon a divorce, legal separation, or annulment, you provide CalPERS with a judgment that awards you the entire interest in your CalPERS benefits; and
 - you notify CalPERS of the change.

Name your Option 3 Individual Lifetime Beneficiary in Section 3a of the application.

- **Option 3W** – As an alternative to Option 3, you may elect to receive the slightly higher allowance under Option 3W. However, your allowance will not increase back to the Unmodified Allowance Option amount in the situations described in Option 3.

Name your Option 3W Individual Lifetime Beneficiary in Section 3a of the application.

- The **Unmodified Allowance Option** — This is the highest monthly allowance you can receive. However, it does not provide a continuing monthly allowance to a beneficiary, and there is no return of any unused member contributions after your death.

- **Option 4** – Option 4 allows you to choose a more customized benefit, as long as the amount to your beneficiary is not greater than the benefit provided under Option 2W. Request CalPERS publication **Retirement Option 4** for more information about this option. There is no provision under any Option 4 calculation for your allowance to increase back to the Unmodified Allowance Option amount provided in Options 2 and 3.

Name your Option 4 Individual Lifetime Beneficiary in Section 3a of the application.

The following are the types of Option 4 allowances currently available.

Option 2W & 1 Combined – Upon your death, the retirement allowance you receive will be paid to your beneficiary. Upon your death and the death of your beneficiary, any remaining balance of your contributions will be paid to your secondary beneficiary. If you elect the 2W & 1 Combined-Option 4 allowance, in addition to naming an Individual Lifetime Beneficiary in Section 3a, you must also name a beneficiary for your Option 1 balance.

Name your Option 1 Balance of Contributions beneficiary in Section 3d of the application.

Option 3W & 1 Combined – Upon your death, one-half of your monthly retirement allowance will be paid to your beneficiary. Upon your death and the death of your beneficiary, any remaining balance of your contributions will be paid to your secondary beneficiary. If you elect the 3W & 1 Combined-Option 4 allowance, in addition to naming an Individual Lifetime Beneficiary in Section 3a, you must also have your Option 1 Balance of Contributions beneficiary.

Name your Option 1 Balance of Contributions beneficiary in Section 3d of the application.

Specific Dollar Amount to Beneficiary – You can specify the dollar amount of your retirement allowance to be paid to your beneficiary upon your death.

Specific Percentage to Beneficiary – You can specify the percentage of your Unmodified Allowance Option amount to be paid to your beneficiary upon your death.

Reduced Allowance for Fixed Period of Time – You can elect to receive a specific dollar amount or percentage of your Unmodified Allowance Option for a specific length of time. After this period, you will receive an increased allowance based on the actuarial equivalent of your remaining benefit. The minimum you can elect to receive is 25 percent of your Unmodified Allowance Option or equal to the payable Survivor Continuance, if higher. This amount should allow for any deductions for health and dental benefits to be maintained, if you are eligible for those benefits.

Reduced allowance upon Death of Retiree or Beneficiary – You can specify a minimal reduction to the Unmodified Allowance Option (at least \$1) to provide the highest allowance possible while both you and your beneficiary

are living. Upon the death of either you or your beneficiary the continuing allowance will be significantly reduced for the survivor.

Multiple Lifetime Beneficiaries – Unlike the other options that limit you to one beneficiary, this option allows you to provide a lifetime benefit to more than one beneficiary. You can give each beneficiary an equal share or designate specific dollar amounts or percentages of your benefit for each beneficiary.

Name your Option 4 Multiple Lifetime Beneficiaries in Section 3b of the application.

Option 4 – Court Ordered Community Property – This option only applies to very specific cases in which a member is required by court order, entered pursuant to Family Code Section 2610, to elect an Option 4 to provide a community property interest to a former spouse or legally recognized domestic partner equal to their community property interest. CalPERS will determine the community property interest at the time of your retirement using the method described in your court order.

This option allows you to select one of several different options and gives you the opportunity to name another beneficiary for your share of the benefit.

- If you elect Option 4/Unmodified, you are providing only for the Option 4 Court Ordered beneficiary.

Name your Option 4 Court Ordered beneficiary in Section 3c of the application.

- If you elect Option 4/1, you are providing for the Option 4 Court Ordered beneficiary and naming a beneficiary for the Option 1 Balance of Contributions.

Name your Option 4 Court Ordered beneficiary in Section 3c and your Option 1 Balance of Contributions beneficiary in Section 3d of this application.

- If you elect Option 4/2W or Option 4/3W, you are providing for the Option 4 Court Ordered beneficiary and naming a lifetime beneficiary for your share of your monthly benefit.

Name your Option 4 Court Ordered beneficiary in Section 3c and your Option 2W or 3W Individual Lifetime Beneficiary in Section 3a of the application.

If you have questions about your court order or your benefits, please contact the CalPERS Member Services Division Community Property Unit toll-free at (888) CalPERS (225-7377).

Section 3a – Individual Lifetime Beneficiary

If you elected Option 2, 2W, 3, 3W or 4, or Court Ordered Community Property Option 4/2W or 4/3W, name your beneficiary here. Enter the name, Social Security number, birth date, sex, relationship to you, and address of the beneficiary you designate to receive continuing benefits after your death.

Section 3b – Multiple Lifetime Beneficiaries

If you elected Option 4 Multiple Lifetime Beneficiaries name your multiple beneficiaries here. Enter the names, Social Security numbers, birth dates, sex, relationships to you, and address of each beneficiary you designate to receive continuing benefits after your death. If you wish

your beneficiaries to receive an equal share of your benefits, do not fill in the specific dollar or specific percent of benefit. If you wish unequal amounts for each beneficiary, specify dollar amount or percent of benefit in space provided.

Section 3c – Court Ordered Option 4 Community Property Beneficiary

If you are required by court order to designate your former spouse or legally recognized domestic partner as a beneficiary for their community property interest, name that person here. Enter the name, Social Security number, birth date, sex, relationship to you, and address of the Community Property Beneficiary. If you have questions about your court order or your benefits, please contact the CalPERS Member Services Division Community Property Unit toll-free at (888) CalPERS (225-7377).

Section 3d – Option 1 Balance of Contributions and/or Temporary Annuity Balance Beneficiary

If you elected Option 1, Option 4-2W/1 or 4-3W/1 combined, or the Temporary Annuity benefit, name your beneficiary(ies) here. Enter the name, Social Security number, birth date, sex, relationship to you, and address of the beneficiary you designate to receive any lump-sum balance of your remaining member contributions or the balance of your Temporary Annuity benefit after your death.

You can designate any person, corporation, or your estate as beneficiary for these options. If you want to designate a trust as your beneficiary, you should provide the name of the trust, date of the trust, and the name and address where the trust is filed. Do not designate the trustee by name, since this could change.

If naming more than two beneficiaries for any of these benefits or naming separate beneficiaries for the Option 1 Balance and the Temporary Annuity Balance, you will need to complete a ***Lump Sum Beneficiary Designation*** form. Contact CalPERS to request a form and return it with your retirement application.

You may change your beneficiary at any time by submitting a revised form. A change in your marital status, domestic partner status, or the birth or adoption of a child after retirement automatically revokes your original beneficiary designation.

NOTE: If you designate a minor child as your beneficiary and the child is still a minor when the benefit becomes payable, we will request a guardian be appointed to receive the benefit on the child's behalf if the child is not residing with a natural parent. Do not name the guardian of a minor child as your beneficiary.

Once you have completed this section, review the Required Documents Checklist carefully to determine which beneficiary or survivor documentation to submit with your application.

Section 4 — Retired Death Benefit

The Lump Sum Retired Death Benefit is payable upon your death, in addition to any payment under the option you select. You can select anyone you wish to receive this benefit. The amount payable is based on your employer's contract with CalPERS.

- For State, California State University, or University of California members, the Retired Death Benefit is \$2,000.
- For school members, it is \$2,000, unless your employer has elected a higher amount up to \$5,000.

- For public agency members, the lump sum death benefit is based on the employer's contract, and it can range from \$500 to \$5,000.

To name more than two beneficiaries for the Retired Death Benefit, you must complete the ***Lump Sum Beneficiary Designation*** form. Contact CalPERS to request a form and return it with your retirement application. You may change your beneficiary at any time by submitting a revised ***Lump Sum Beneficiary Designation*** form. A change in your marital status, domestic partner status, or the birth or adoption of a child after retirement automatically revokes your original designation.

Section 5 — Survivor Continuance

The Survivor Continuance benefit is payable to all State members, school members, and public agency members if the former employer has contracted to provide it and you have an eligible survivor. Survivor Continuance is an employer-paid monthly benefit paid to an eligible survivor. If you are not sure if you are covered by this benefit, check with your Personnel Office. Benefits are paid to an eligible survivor in addition to and regardless of which retirement payment option you elect.

Be sure you complete all the boxes in this section that apply to your situation.

Eligible survivors are:

- a spouse who was married to you at least one year prior to your retirement and continuously until your death, or if none;
- a domestic partner in a partnership that is legally recognized in California and was entered into at least one year prior to your retirement and continuously until your death, or if none;

- unmarried children under age 18 or an unmarried disabled child who became disabled prior to age 18 and whose continuing disability renders the child incapable of gainful employment, or if none;
- an economically-dependent parent.

Payments to children stop at age 18, or upon their marriage, death, or recovery from disability.

The amount of the monthly benefit depends on your Social Security coverage.

If your service credit **is not covered** by Social Security, the Survivor Continuance is 50 percent of your Unmodified Allowance, based on actual service with an employer that provides this benefit. If your service credit **is covered** by Social Security, the Survivor Continuance is 25 percent of the Unmodified Allowance.

Section 6 — Employer Certification

If you are currently employed by a CalPERS-covered agency, your employer must complete this section. (You may want to make a copy of these instructions for your employer's use.) If you left employment at a CalPERS-covered agency more than four months ago, you are not entitled to service credit for any balance of unused sick leave or educational leave and, therefore, your employer is not required to complete this section.

- Enter the employee's last day on payroll, which is the last day the employee will receive pay. In most situations, this will be the same day as the separation date.
- Enter the employee's separation date, which is the last day the employee will be considered in employment status. This date cannot be later than the day before the retirement date.

- If your agency contracts for unused sick leave credit, enter the unused sick leave **days** as of the employee's separation date.
- Enter the balance of educational leave **days** as of the employee's separation date.
- The employer's signature and position title are required.
- Also add the printed name of the person signing the certification.
- Enter the title of the person signing the certification.
- Enter the telephone number of the employer.

NOTE: Any changes to the certified information submitted on the retirement application must be submitted on an Amended Employer Certification form. An adjustment will be completed once we receive the amended form. Contact CalPERS for a copy of this form.

Section 7 — Tax Withholding Election

This section tells CalPERS how you want your tax withholding handled. To assist you in making this decision, see the CalPERS ***Taxes and Your Retirement*** booklet or talk with your tax advisor. You can change your withholding at any time by completing another CalPERS ***Tax Withholding Form***.

- Under each section, federal tax withholding and State of California tax withholding, you can make only one election. Choose between no withholding, withholding a flat dollar amount, or withholding based on the tax tables.

- If you do not make an election, or if an invalid election is received, CalPERS is required by law to withhold taxes as if you are married with three exemptions. If you reside outside of California, your CalPERS pension income is not subject to California state income tax.

Section 8 — Member Signature & Notary

This section must be completed or your application will be returned. Your signature and your spouse's or legally recognized domestic partner's signature must be notarized by a Notary Public or witnessed by a CalPERS representative at any CalPERS office. If you reside in a foreign country, staff at the U.S. Consulate may witness your form.

If you are married or in a legally recognized domestic partnership, your current spouse or domestic partner must sign to acknowledge your election of a retirement benefit. If you are not able to obtain your spouse's or registered domestic partner's signature, you must complete the *Justification for Absence of Spouse's or Domestic Partner's Signature* form and submit it to CalPERS before any retirement benefits can be paid.

If you are single, the justification form is not required; simply mark "No" and indicate "Never Married/Registered," "Divorced/Annulled," or "Widowed" in this section.

What Happens Next?

After you submit your *Service Retirement Election Application*, CalPERS will take the steps necessary for you to retire on the day you've selected. Once your application is received at our Sacramento Headquarters office, you will receive an acknowledgment letter letting you know we have begun processing your request, usually within 5–10 days of receipt of your application. CalPERS will notify you if we have questions or need more information.

Notification of Retirement Allowance

Before you receive your first retirement benefit check, usually after you have separated from employment, CalPERS will send you a letter providing you with the date of your first retirement check, the amount you can expect to receive, and important income tax information. If you have CalPERS health coverage, the letter will also have information about those benefits. Keep the letter along with other CalPERS documents you may have. Check the information carefully and contact CalPERS toll-free at (888) CalPERS (225-7377) if any information is not correct. Changes to the benefit option election you make, beneficiary you designate, or the retirement date you request on the *Service Retirement Election Application* cannot be made after you receive your first full retirement benefit check.

Retirement Forms

In addition to the *Service Retirement Election Application* form, this package contains some other forms you may need.

Retirement Allowance Estimate Request

This form is used to request an estimate of retirement and survivor benefits.

As you begin to plan for your retirement, use this form to request an estimate of your future retirement benefits. You can also get an idea of your benefits by using the information on your *Annual Member Statement* to get an estimate from the CalPERS Retirement Planning Calculator on our CalPERS On-Line Web site at www.calpers.ca.gov. This information will help you make a well-informed decision when you chose your retirement benefit option. You can also request an official CalPERS retirement benefit estimate on our Web site.

Justification for Absence of Spouse's or Domestic Partner's Signature

CalPERS requires proof that your spouse or legally recognized domestic partner is aware of your selection of benefits, by their signature on your retirement application. If you are married or have a domestic partner but are not able to obtain your spouse's or domestic partner's signature on your *Service Retirement Election Application* form, you must complete the *Justification for Absence of Spouse's or Domestic Partner's Signature* form.

Your benefit election cannot be processed without either your spouse's or legally recognized domestic partner's signature or this form.

Direct Deposit Authorization

This form is optional and can be completed at any time before or after retirement.

Direct deposit electronically transfers your retirement benefit allowance directly into your checking or savings account, avoiding the need for you to sign and deposit your benefit check at your bank. This can reduce the risk of loss, theft, or forgery; give you immediate and uninterrupted deposits; eliminate the inconvenience of checks; and provide you with a monthly statement of itemized deductions.

To enroll, complete the *Direct Deposit Authorization* form in this package. Your financial institution must be a member of the Automated Clearinghouse Association to accept a direct deposit from CalPERS. For more information, see the CalPERS *Direct Deposit of Your Monthly Benefit* booklet. Also, please be aware that direct deposit payments begin with your first full monthly payment after receipt of the authorization form. If your first payment after retirement covers less than or more than one month, it will be mailed to your home address.

Is My Paperwork in Order?

Required Documents Checklist

Use this checklist to make sure you have all the necessary documentation to go with the forms you must provide to CalPERS. Remember, you should always include your Social Security number on **all** documents you submit to CalPERS. Never send originals of your documents — CalPERS accepts copies of these important papers.

If all the necessary documents have not been filed with CalPERS at the time of your death, we may have to delay payment of death benefits until the missing documents are received. You can avoid this unnecessary hardship on your beneficiary by providing all necessary documents in advance.

Service Retirement Election Application

Sections 1 and 2

- ☐ No documentation required.

Section 3

- ☐ If you chose the Unmodified Allowance or Option 1: no documentation required.
- ☐ If you chose Options 2, 2W, 3, 3W, or any Option 4: photocopy of your beneficiary's birth certificate required. Do **not** send originals and always include your Social Security number on all documents.

Section 5

For the Survivor Continuance benefit:

- ☐ Photocopy of your marriage certificate or certificate of domestic partnership or a birth certificate for each eligible survivor required. Do **not** send originals and always include your Social Security number on all documents.
- ☐ If you are unable to obtain this documentation, other documents may be acceptable (see page 18).

Section 8

- ☐ Remember to sign and date your application. You must also have your spouse or legal domestic partner sign and date. If you are not married or not registered in California as a domestic partner, just check the “No” box in this section. If you are married but cannot have your spouse or domestic partner sign, you must complete the *Justification for Absence of Spouse's or Domestic Partner's Signature* form and submit that with your application.
- ☐ Don't forget that you need to have your and your spouse's or legal domestic partner's signatures notarized or witnessed by a CalPERS representative.

Other Acceptable Documentation

Listed in order of preference. Send **photocopies only** and include your Social Security number on every document.

Birth Date Evidence

- Valid driver's license or an identification card
- Baptismal record showing birth date, if baptism occurred at early age
- Passport
- Early school record showing birth date or age at a certain year
- Naturalization or immigration certificate
- Insurance policy, if issued before age 21
- Delayed birth certificate, if based on acceptable evidence, not affidavits
- Early census record
- Family Bible with entries made shortly after birth, showing complete date

Marriage Certificate Evidence

- Your beneficiary's naturalization papers or passport issued in their married name and which contains the date of marriage, or if it was issued at least one year prior to your retirement date, may be used in lieu of a marriage certificate.
- You may use an affidavit of marriage from someone who witnessed your marriage ceremony. The affidavit must be signed by the witness under penalty of perjury, and their signature must be notarized.

Domestic Partner Evidence

- The only acceptable evidence is a certificate of domestic partnership legally recognized in California.

Information Practices Statement

The Information Practices Act of 1977 and the Federal Privacy Act require the California Public Employees' Retirement System to provide the following information to individuals who are asked to supply information. The information requested is collected pursuant to the Government Code (Sections 20000, et seq.) and will be used for administration of the Board's duties under the Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to supply the information may result in the System being unable to perform its function regarding your status. Portions of this information may be transferred to State and public agency employers, State Attorney General, Office of the State Controller, Teale Data Center, Franchise Tax Board, Internal Revenue Service, Workers' Compensation Appeals Board, State Compensation Insurance Fund, County District Attorneys, Social Security Administration, beneficiaries of deceased members, physicians, insurance carriers, and various vendors who prepare and process data and records for CalPERS. Disclosure to the aforementioned entities is done in strict accordance with current statutes regarding confidentiality. You have the right to review your membership file maintained by the System. For questions concerning your rights under the Information Practices Act of 1977, please contact:

Information Coordinator
CalPERS
400 P Street
P.O. Box 942702
Sacramento, CA
94229-2702



Retirement Allowance Estimate Request

(888) CalPERS (225-7377) • Telecommunications Device for the Deaf: (916) 795-3240

This is not an application for retirement. This is a request for an estimate of potential future retirement benefit amounts that will assist you with your financial planning. See the back of this form for detailed instructions.

Section 1

Provide the address you would like your estimated retirement allowance sent to.

Information About You

Name (First Name, Middle Initial, Last Name)		Social Security Number
Birthdate (mm/dd/yyyy)	Daytime Phone	Evening Phone
Address		
City	State	ZIP

Section 2

Not all CalPERS members are eligible for Industrial Disability retirement. Contact your Personnel Office for eligibility information.

Information About Your Retirement Estimate

Type of estimate for your retirement allowance ☐ Service ☐ Disability ☐ Industrial Disability

Employer	Projected Retirement Date (mm/dd/yyyy)
Are you a member of another retirement system that has established reciprocity with CalPERS? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Name of system	Estimate Final Compensation Amount

Final Compensation Period

Do you have any final compensation period higher than the last consecutive 12 or 36 months?

☐ No ☐ Yes, from Beginning Date (mm/dd/yyyy) to Ending Date (mm/dd/yyyy)

Temporary Annuity - Complete the information below to request a Temporary Annuity estimate.

For an additional Temporary Annuity Allowance, you elect to reduce your monthly allowance for life. ☐ No ☐ Yes

If you first became a member on January 1, 2002, or later, you elect to receive Temporary Annuity until age _____ in the amount of \$ _____ per month.
(62 to 70) Dollars

or

If you first became a member prior to January 1, 2002, you elect to receive Temporary Annuity until age _____ in the amount of \$ _____ per month.
(59 1/2 or whole age 60 to 68) Dollars

If your membership date is January 1, 2002, or later, the amount of your Temporary Annuity cannot exceed the estimated amount of your Social Security benefit at the age designated in this election.

Section 3

Individual Lifetime Beneficiary (2, 2W, 3, 3W)

Name of Beneficiary	Relationship to You	Date of Birth (mm/dd/yyyy)
---------------------	---------------------	----------------------------

Section 4

Information About Your Survivor Continuance

Do you have an eligible survivor? ☐ No ☐ Yes

Section 5

Your Option 4 Retirement Options

CalPERS will provide an estimate for standard Options 1, 2, 2W, 3, 3W and Unmodified Allowance. If these do not meet your needs, you may request ONE of the approved Option 4 types listed at right.

<input type="checkbox"/> Option 2W & Option 1 combined	<input type="checkbox"/> Option 3W & Option 1 combined
<input type="checkbox"/> Specific Percentage to Beneficiary _____ % Percentage	<input type="checkbox"/> Specific Dollar Amount to Beneficiary \$ _____ Amount
<input type="checkbox"/> Reduced Allowance _____ through _____ Percentage or Dollar Amount Date (mm/dd/yyyy)	
<input type="checkbox"/> Multiple Lifetime Beneficiaries	Birthdate (mm/dd/yyyy) Birthdate (mm/dd/yyyy) Birthdate (mm/dd/yyyy)
<input type="checkbox"/> Reduced Allowance Upon Death of Member or Beneficiary \$ _____ Reduction Amount	

Mail to:

CalPERS Member Services Division • P.O. Box 942717, Sacramento, California 94229-2717

Instructions for Completing the Retirement Allowance Estimate Request Form

(888) CalPERS (225-7377) • Telecommunications Device for the Deaf: (916) 795-3240

Section 1

Information About You

Name: Provide your first, middle initial, and last name.

Social Security Number: Provide your Social Security Number.

Birth Date: Provide month, day, and complete year.

Mailing Address: Provide the mailing address where you want to receive your estimated retirement allowance.

Telephone Number(s): Provide us your home and/or work number in case we need to reach you.

Section 2

Information About Your Retirement Estimate

Projected Retirement Date: List your projected retirement date. The minimum retirement age for service retirement for most CalPERS members is age 50 with five years of CalPERS service credit. State members under the Second Tier retirement plan must be 55 years old with ten years of service credit. There are some exceptions to these requirements.

Type of Estimate for Retirement Allowance: Select the type of retirement estimate you wish to receive. Not all CalPERS members are eligible for an Industrial Disability retirement. Please contact your Personnel Office for information on eligibility.

Other California Public Retirement Systems: Reciprocity is an agreement CalPERS has with many California public retirement systems that allows movement among public employers within a specified time limit, without losing valuable retirement and related benefit rights. For additional information please refer to the When You Change Retirement Systems Publication.

Final Compensation Period: Your final compensation is the highest average salary during any consecutive 12 or 36 month period. Which compensation period we use depends on your employer's contract with CalPERS. To calculate the final compensation, CalPERS takes your last day on payroll, and goes back 12 or 36 consecutive months. **ONLY** enter information for the final compensation period if you wish to specify a period of time other than the last 12 or 36 consecutive months before your estimated retirement date.

Temporary Annuity is an additional monthly income you may choose to augment your pension from CalPERS. If you take a disability retirement, a Temporary Annuity is not available. The benefit is payable from your retirement date to a specific age that you select – If your CalPERS membership date is prior to 01/01/2002, you may choose age 59½ or any whole age from 60-68. If your CalPERS membership date is on or after 01/01/2002, age 62-70. You can also name the dollar amount you wish to receive (Certain limitations apply, please refer to the Temporary Annuity Publication). If your CalPERS membership date is on or after 01/01/2002 the amount of Temporary Annuity cannot exceed the amount expected from Social Security at the age specified, provided you made contributions to Social Security while employed with a CalPERS employer. It is important to note that this benefit is not free. Your CalPERS monthly lifetime retirement allowance is reduced to pay for your Temporary Annuity. For additional information, please refer to the Temporary Annuity Publication.

Section 3

Individual Lifetime Beneficiary (2, 2W, 3, 3W)

A **beneficiary** is any person(s) you designate to receive a benefit after your death.

If you would like to provide a lifetime monthly benefit to a beneficiary, we need their date of birth.

Relationship to You: A beneficiary can be a spouse, child, friend, etc.

Beneficiary Birth Date: Provide month, day, and complete year.

Section 4

Information About Your Survivor Continuance

Survivor Continuance is an employer-paid benefit payable to an eligible dependent upon your death. To have a dependent who is eligible for Survivor Continuance you must be married or have a domestic partner legally recognized in California on and at least one year prior to your tentative retirement date; have an unmarried child who is under age 18 or disabled; or have a parent dependent on you for at least ½ of their support.

Section 5

Your Retirement Options

CalPERS will provide you an estimate for the standard options (1, 2, 2W, 3, 3W). If none of these meets your needs, you may request ONE of the Option 4 allowances, as long as the amount to your beneficiary(s) is not more than the benefit provided under Option 2W. For additional information please refer to the Retirement Option 4 Publication.



Service Retirement Election Application

(888) CalPERS (225-7377) • Telecommunications Device for the Deaf: (916) 795-3240

PLEASE DO NOT MAIL OR DELIVER YOUR APPLICATION TO CalPERS MORE THAN 90 DAYS BEFORE YOUR RETIREMENT DATE.

Section 1

Please provide your full name including middle initial.

Name (First Name, Middle Initial, Last Name) Social Security Number

Address

Please display all dates in this order: month/day/year.

City State ZIP Country

Birthdate (mm/dd/yyyy) Gender Home Phone Work Phone

Section 2

Provide your last day on payroll only if you left employment 4 months ago or longer.

Information About Your Retirement

Please see pages 6 & 7 for detailed instructions.

Retirement Date (mm/dd/yyyy) Last Day on Payroll (mm/dd/yyyy)

Employer Position Title

Please do not abbreviate your employer or position.

Temporary Annuity - If you select this benefit, you must also fill out section 3d, Option 1 Balance of Contributions and/or Temporary Annuity Balance beneficiary(ies).

The Temporary Annuity benefit for which you are eligible is based on your CalPERS membership date.

To provide for an additional Temporary Annuity Allowance, you elect to reduce your monthly allowance for life. ☐ No ☐ Yes

If you first became a member on January 1, 2002, or later, you elect to receive Temporary Annuity until age _____ in the amount of \$ _____. The amount of your Temporary Annuity cannot exceed the estimated amount of your Social Security benefit at the age designated in this election.

..... or

If you first became a member prior to January 1, 2002, you elect to receive Temporary Annuity until age _____ in the amount of \$ _____ per month.

Final Compensation Period

Do you have any final compensation period higher than the last consecutive 12 or 36 months?

☐ No ☐ Yes, from _____ to _____

Beginning date (mm/dd/yyyy) Ending date (mm/dd/yyyy)

Other California Public Retirement Systems

Are you a member of a California public retirement system other than CalPERS? ☐ No ☐ Yes, provide:

Name of System

Date of Retirement (mm/dd/yyyy) Beginning Service Credit Date (mm/dd/yyyy) Ending Service Credit Date (mm/dd/yyyy)

Do not list Social Security, military or railroad retirement as a California public retirement system.

Section 3

Select Your Retirement Payment Option and Beneficiary

By filling out this section, you are electing your Retirement Payment Option and designating your beneficiary. Once you select a payment option, you cannot change to another option. Along with your option selection, you must complete at least one of the beneficiary designations in Sections 3a-3d. If you choose the Unmodified Allowance Option, you do not need to specify a beneficiary. Please see pages 8 to 11 for more information on this section.

Select **only one** payment option: Option 1, Option 2, Option 2W, Option 3, Option 3W, the Unmodified Allowance Option, or one of the Option 4 types.

- ☐ **Option 1** - To complete this option choice, you must also fill out Section 3d, *Balance of Contributions Beneficiary*.
- ☐ **Option 2** - To complete this option choice, you must also fill out Section 3a, *Individual Lifetime Beneficiary*.
- ☐ **Option 2W** - To complete this option choice, you must also fill out Section 3a, *Individual Lifetime Beneficiary*.
- ☐ **Option 3** - To complete this option choice, you must also fill out Section 3a, *Individual Lifetime Beneficiary*.
- ☐ **Option 3W** - To complete this option choice, you must also fill out Section 3a, *Individual Lifetime Beneficiary*.
- ☐ **Unmodified Allowance Option** - If you select this option there is no return of your member contributions and no monthly benefits payable upon your death - except the Survivor Continuance Benefit, if applicable. There is no beneficiary designation for this option.

These options apply to Option 4 **Individual Lifetime Beneficiary** only.

- ☐ **Option 4, Individual Lifetime Beneficiary** - If you select this option, you must also select one of the following Individual Lifetime Beneficiary options below.
- ☐ **Option 2W & Option 1 Combined** - To complete this option choice, you must also fill out Section 3a *Individual Lifetime Beneficiary* and Section 3d *Balance of Contributions Beneficiary*.
- ☐ **Option 3W & Option 1 Combined** - To complete this option choice, you must also fill out Section 3a *Individual Lifetime Beneficiary* and Section 3d *Balance of Contributions Beneficiary*.
- ☐ **Specific Dollar Amount to Beneficiary** \$ _____ - To complete this option choice, you must also fill out
Section 3a *Individual Lifetime Beneficiary* Dollars
- ☐ **Specific Percentage to Beneficiary** _____ % - To complete this option choice, you must also fill out
Section 3a *Individual Lifetime Beneficiary* Percent
- ☐ **Reduced Allowance for Fixed Period of Time** _____ through _____ .
Percent or Dollars Date (mm/dd/yyyy)
- To complete this option choice, you must also fill out Section 3a *Individual Lifetime Beneficiary*.
- ☐ **Reduced Allowance upon death of retiree or beneficiary:** \$ _____ reduction amount
Dollars
- To complete this option choice, you must also fill out Section 3a, *Individual Lifetime Beneficiary*.

This option applies to Option 4 **Multiple Lifetime Beneficiaries** only.

- ☐ **Option 4, Multiple Lifetime Beneficiaries** - To complete this option choice, you must also fill out Section 3b *Multiple Lifetime Beneficiaries*.

These options apply to Option 4, **Court Ordered Community Property** only.

- ☐ **Option 4, Court Ordered Community Property** - If you select this option, you must also complete section 3c, *Court Ordered C.P. Beneficiary* and select one of the following Court Ordered Community Property options.
- ☐ **Option 4/Unmodified** - There is no additional beneficiary designation for this option.
- ☐ **Option 4/1** - To complete this option choice, you must also fill out Section 3d, *Balance of Contributions Beneficiary*.
- ☐ **Option 4/2W** - To complete this option, you must also fill out Section 3a, *Individual Lifetime Beneficiary*.
- ☐ **Option 4/3W** - To complete this option, you must also fill out Section 3a, *Individual Lifetime Beneficiary*.

Your Name

Social Security Number

Section 3a

Designate one beneficiary
and provide all of that
person's information
including full name.

Individual Lifetime Beneficiary

Complete this section only if you chose either Option 2, 2W, 3, 3W or Option 4 Individual Lifetime Beneficiary or Option 4/2W or 4/3W Court Ordered Community Property.

Name (First Name, Middle Initial, Last Name)		Social Security Number	
Birthdate (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to You	
Address			
City	State	ZIP	Country

Section 3b

If you want
your beneficiaries to
receive an equal share
of your benefits, do
not specify a dollar or
percentage of benefit.

Multiple Lifetime Beneficiaries

Complete this section only if you selected Option 4 Multiple Lifetime Beneficiaries.

Name (First Name, Middle Initial, Last Name)		Social Security Number	
Birthdate (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to You	Dollar/Percent of Benefit
Address			
City	State	ZIP	Country

Name (First Name, Middle Initial, Last Name)		Social Security Number	
Birthdate (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to You	Dollar/Percent of Benefit
Address			
City	State	ZIP	Country

Name (First Name, Middle Initial, Last Name)		Social Security Number	
Birthdate (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to You	Dollar/Percent of Benefit
Address			
City	State	ZIP	Country

Section 3c

List only the
Option 4 beneficiary
that is required by your
court order.

Court Ordered Option 4 Community Property Beneficiary

Complete this section only if you selected Option 4 Court Ordered Community Property.

Name (First Name, Middle Initial, Last Name)		Social Security Number	
Birthdate (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to You	
Address			
City	State	ZIP	Country

Put your name and Social Security number at the top of every page

Your Name

Social Security Number

Section 3d

Designate up to 2 beneficiaries here. If you want to designate more than 2 beneficiaries or name different beneficiaries for the Option 1 balance and the Temporary Annuity balance, see page 11 for information on completing the Lump Sum Beneficiary Designation form.

Option 1 Balance of Contributions and/or Temporary Annuity Balance Beneficiary(ies)

Complete this section only if you selected **Option 1**, **Option 4-2W/1** or **3W/1** combined or the **Temporary Annuity** allowance. You may change this beneficiary(ies) at any time. This designation automatically revokes when there is a change in your marital status, domestic partnership status, or when there is a birth or adoption of a child. For detailed information and instructions please refer to page 11 and 12 of this booklet.

Name (First Name, Middle Initial, Last Name)		Social Security Number	
Birthdate (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female Gender	Relationship to You	
Address			
City	State	ZIP	Country

Name (First Name, Middle Initial, Last Name)		Social Security Number	
Birthdate (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female Gender	Relationship to You	
Address			
City	State	ZIP	Country

Section 4

ALL APPLICANTS MUST COMPLETE THIS SECTION.

Designate your beneficiary to receive your Lump-Sum Retired Death Benefit.

Retired Death Benefit

This section designates the person who will receive your lump-sum Retired Death Benefit. You may change this beneficiary(ies) at any time. This designation automatically revokes when there is a change in your marital status, domestic partnership status, or when there is a birth or adoption of a child. For detailed information and instructions please refer to page 12 of this booklet.

Name (First Name, Middle Initial, Last Name)		Social Security Number	
Birthdate (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female Gender	Relationship to You	
Address			
City	State	ZIP	Country

Name (First Name, Middle Initial, Last Name)		Social Security Number	
Birthdate (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female Gender	Relationship to You	
Address			
City	State	ZIP	Country

Section 5

Please answer all five questions and complete the information in each section where you answered "yes".

Survivor Continuance

Please see page 12 for more information on this section.

1. Will you be married on, and at least one year prior to, your retirement date? ☐ No ☐ Yes, provide:

Name of Spouse (First Name, Middle Initial, Last Name)		Social Security Number	
Birthdate (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female Gender	Date of Marriage	

Section 5 continues on page 5

Your Name

Social Security Number

Section 5, continued

Please answer
all five questions and
complete the information
in each section where you
answered "yes".

Survivor Continuance

2. Will you be registered with the California Secretary of State as being in a domestic partnership on and at least one year prior to your retirement date? ☐ No ☐ Yes, provide:

Name of Domestic Partner (First Name, Middle Initial, Last Name)

Social Security Number

Birthdate (mm/dd/yyyy)

☐ Male ☐ Female
Gender

Date of Registered Partnership (mm/dd/yyyy)

3. Do you have any natural or adopted unmarried children under age 18? ☐ No ☐ Yes, provide:

Name of Child (First Name, Middle Initial, Last Name)

Social Security Number

Birthdate (mm/dd/yyyy)

Name of Child (First Name, Middle Initial, Last Name)

Social Security Number

Birthdate (mm/dd/yyyy)

4. Do you have any unmarried children who were disabled prior to their 18th birthday and who are still disabled? ☐ No ☐ Yes, provide:

Name of Child (First Name, Middle Initial, Last Name)

Social Security Number

Birthdate (mm/dd/yyyy)

Name of Child (First Name, Middle Initial, Last Name)

Social Security Number

Birthdate (mm/dd/yyyy)

5. Are your parents dependent upon you for one-half of their support? ☐ No ☐ Yes, provide:

Name of Parent (First Name, Middle Initial, Last Name)

Social Security Number

Birthdate (mm/dd/yyyy)

Name of Parent (First Name, Middle Initial, Last Name)

Social Security Number

Birthdate (mm/dd/yyyy)

Section 6

Have your employer
complete this section.

This certification is
not required if you
were separated from
employment more than
four months ago.

Employer Certification

Please see page 13 for more information on this section.

Employee's Last Day on Payroll (mm/dd/yyyy)

Employee's Separation Date (mm/dd/yyyy)

Balance of unused sick leave **DAYS** on employee's date of separation _____
Days

Balance of educational leave **DAYS** on employee's date of separation _____
Days

By signing below, you hereby certify, under the penalty of perjury, that the above information is true, complete, and correct to the best of your knowledge. Any changes to this information must be submitted on an Amended Employer Certification form.

Signature of Employer

Print Name (First Name, Middle Initial, Last Name)

Position Title of Employer

Phone Number of Employer

Date (mm/dd/yyyy)

Section 7

Please choose
one only.

Tax Withholding Election

Federal Income Tax information. Please see page 13 for more information on this section.

☐ Do not withhold federal income tax.

☐ Withhold federal income tax in the amount of \$ _____ per month.
Dollars

☐ Withhold federal income tax based on the tax tables for:

☐ A married individual with _____ tax withholding exemptions.
Number

☐ A single individual with _____ tax withholding exemptions.
Number

In addition to the amount withheld based on the tax tables, withhold \$ _____ per month.
Dollars

Your Name

Social Security Number

Section 7, (continued)

Please choose
one only.

State withholding is
optional for out-of-state
residents.

Tax Withholding Election

State Income Tax information. Please see page 13 for more information on this section.

- ☐ Do not withhold State of California income tax.
- ☐ Withhold State of California income tax in the amount of \$ _____ per month.
Dollars
- ☐ Withhold State of California income tax based on the tax tables for:

☐ A married individual with _____ tax withholding exemptions.
Number

☐ A single individual with _____ tax withholding exemptions.
Number

In addition to the amount withheld based on the tax tables, withhold \$ _____ per month.
Dollars

- ☐ Withhold State of California income tax in the amount of 10 percent of the federal income tax withholding amount.

Section 8

THIS SECTION MUST BE
COMPLETED OR YOUR
APPLICATION WILL BE
RETURNED.

If your spouse's or
domestic partner's
signature is not available,
See page 16 for
instructions on completing
the Justification for
Absence of Signature form.

Your signature and your
spouse's or domestic
partner's signature must
be notarized or witnessed.

Member Signature and Notary

I certify, under the penalty of perjury, that the information submitted hereon is true and correct to the best of my knowledge. I understand that to cancel this application I must notify CalPERS before the mailing of my first full monthly retirement allowance check.

See page 14 for more information on this section.

Are you legally married or have a legal domestic partner? ☐ No ☐ Yes

If yes, your spouse or domestic partner must sign this election.

If no, please indicate: ☐ Never Married/or in Partnership ☐ Divorced/Annulled ☐ Widowed

Your Signature Date (mm/dd/yyyy)

Your Spouse's or Domestic Partner's Signature Date (mm/dd/yyyy)

Notary

State County

On _____ before me _____, personally known to me or
Date Name of Notary/Witness

- ☐ Proven to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

Notary Seal

Witness my hand and official seal OR authorized CalPERS representative signature.

Representative's Signature Position Title Date

Mail to:

CalPERS Benefit Services Division • P.O. Box 942711, Sacramento, California 94229-2711



Justification for Absence of Spouse's or Domestic Partner's Signature

(888) CalPERS (225-7377) • Telecommunications Device for the Deaf: (916) 795-3240

This form is to be used with Service Retirement Election Application

Section 1

Please include the month, day and year for all dates as follows: mm/dd/yyyy.

Information About You

Name (First Name, Middle Initial, Last Name) Social Security Number

Pursuant to Government Code Section 21261, the member's current spouse or legally recognized domestic partner must be made aware of the selection of benefits or change of beneficiary made by a member. The spouse or domestic partner of a CalPERS member must acknowledge the submission of: a request for refund of contributions, election of retirement optional settlement, and designation of beneficiary for retirement death benefits.

If a spouse or domestic partner's signature does not appear on one of the above-named documents, the following information MUST be completed by the member and submitted with the application for retirement.

Select either 1 or 2 and indicate specifics:

1. ☐ By checking this, box you indicate that you are not legally married or in a legal domestic partnership because:
 - ☐ Never married or never in legal domestic partnership.
 - ☐ Divorced/marriage annulled or domestic partnership terminated. _____
Date (mm/dd/yyyy)
 - ☐ Widowed. _____
Date (mm/dd/yyyy)
2. ☐ By checking this box, you indicate that you are married or have a domestic partner, but your spouse or domestic partner did not sign this form because:
 - ☐ You do not know and have taken all reasonable steps to determine the whereabouts of your spouse or domestic partner,
 - ☐ Your spouse or domestic partner has been advised of the application and has refused to sign the acknowledgment,
 - ☐ Your spouse or domestic partner is incapable of executing the acknowledgment because of an incapacitating mental or physical condition,
 - ☐ Your spouse or domestic partner has no identifiable community property interest in the benefit,
 - ☐ Your spouse or domestic partner and you have executed a marriage settlement or partnership agreement that makes the community property law inapplicable to the marriage or partnership.

Section 2

Information Certification

You hereby certify, under the penalty of perjury, that the foregoing information is true and correct.

Your Signature Date (mm/dd/yyyy)

Mail to:

CalPERS Benefit Services Division • P.O. Box 942711, Sacramento, California 94229-2711



Direct Deposit Authorization

(888) CalPERS (225-7377) • Telecommunications Device for the Deaf: (916) 795-3240

Section 1

Include your telephone number so we can contact you if we have any questions about your CalPERS Direct Deposit Authorization. You may also call us at the above number if you have any questions.

Information About You

Your direct deposit will become effective after CalPERS receives this completed authorization form. You will receive a monthly direct deposit statement from the California State Controller's Office.

Name (First Name, Middle Initial, Last Name) Social Security Number
Address
City State ZIP Daytime Phone

Section 2

All joint account holders must sign here.

Signature of Joint Account Holder(s)

By signing below, you certify that you have read this form and understand that you should advise CalPERS of the death of the CalPERS payee and that funds deposited after the date of death are to be refunded to CalPERS.

Signature(s) Date (mm/dd/yyyy)

Section 3

Choose the type of account (checking or savings) to which you would like direct deposit.

Information About Your Account

☐ Checking ☐ Savings

Have your financial institution obtain the correct routing and account numbers. Your financial institution will be able to answer any questions you may have about the effectiveness of Direct Deposit.

Account Number (show exactly as recorded including necessary spaces, zeroes, or dashes.) Routing Number (nine digits)

For **Checking**, firmly affix your voided, preprinted personalized check with clear tape in the center of this dotted box. Do not use staples or paper clips.

For **Savings**, or if you do not have preprinted personalized checks, have your financial institution complete this section.

Name of Financial Institution Name of Branch
Address
City State ZIP Branch Phone Number

You confirm the identity of the above-named payee(s) and the account number. As a representative of the above named financial institution, you certify that the financial institution agrees to receive and deposit the payment identified above.

Signature of Representative Print Representative's Name Date (mm/dd/yyyy)

Section 4

Certification

In signing this form, you certify that you are entitled to the payment identified above, and that you have read and understand the information and instructions on this form. You authorize your payment to be sent to your financial institution and deposited to the designated account. You authorize amounts transferred after your death or transmitted in error to be debited from your account. If the funds have been withdrawn following your date of death, you authorize your financial institution to release the name and address of the person(s) withdrawing the funds.

Signature of Payee Date (mm/dd/yyyy)

Mail to:

CalPERS Benefit Services Division • P.O. Box 942716, Sacramento, California 94229-2716

Other Things to Consider

Now that you have taken your first steps to retirement, there are some other important things to consider. Make a smooth transition into retirement by reviewing the information below. Taking the time to understand these issues now will eliminate “surprises” in the future.

Health Coverage

If you are currently a member of the CalPERS Health Program, you must meet specific requirements to continue your health insurance coverage into retirement or maintain the right to re-enroll in the future after retirement.

To continue your CalPERS health benefit coverage after retirement, you must:

- retire within 120 days of your separation from employment; and
- be eligible for enrollment in a CalPERS health plan upon separation from employment, in your own right. State members participating in a “cash in lieu” or “flex” program are considered enrolled in the CalPERS Health Program.

If you do not satisfy both of these requirements before you retire, you will lose all future rights to be in the CalPERS Health Program. If your family members are included in your CalPERS health plan at the time of your death, their enrollment will continue automatically if they are eligible and if they receive a monthly allowance. For more information on health coverage, contact the CalPERS Health Benefit Services Division toll-free at (888) CalPERS (225-7377).

Dental Coverage (State Members Only)

To continue this coverage into retirement, you must be eligible for a State-sponsored dental plan on the date of your separation, and you must retire within 120 days of your separation.

If you need more information, contact your Personnel Office or the Department of Personnel Administration at (916) 322-0300.

Vision Care (State Members Only)

Currently, the vision plan offered to State active employees does not continue into retirement.

Long-Term Care Program

If you are enrolled in the CalPERS Long-Term Care Program and have premiums deducted from your paycheck, you will need to call the program’s customer service center toll-free at (800) 982-1775 before you retire to find out what steps are needed to continue your premium deductions after retirement.

Other Deduction Payments

Many types of payments can be deducted from your monthly retirement check, such as car payments, retiree association fees, charitable contributions, savings account deposits, etc. To make sure all your current deductions continue after you retire, or to add new deductions, you must contact the provider and complete a direct deduction authorization request, which then must be forwarded to CalPERS.

Vesting for School and Other Part-Time Members

Vesting refers to your right to receive a monthly retirement allowance if you meet certain service credit and other eligibility requirements. To be vested, you usually need to have a minimum of five years of CalPERS service credit. State Second Tier members are usually required to have a minimum of 10 years service.

If you are employed on a part-time basis and have worked at least five years, you may be eligible to retire with less than the required years of service credit. (It takes 10 months of full-time employment or 1,720 hours to equal one year of CalPERS service credit.) However, the retirement benefit you receive will still be based on your actual service credit amount.

If this applies to you and you are at least age 50, you should complete an application and contact CalPERS to determine if you are eligible for this “exception.”

Changing Your Beneficiary or Monthly Benefit After Retirement

There are limited situations when you can change your beneficiary or benefit option after retirement. If there is a change in your marital status or domestic partner status, or your designated beneficiary dies, you may be entitled to elect a new benefit option and designate a new beneficiary. Electing a modification of option will reduce your current allowance. To determine if this situation applies to you, request and review the CalPERS *Changing Your Beneficiary or Monthly Benefit After Retirement* booklet.

You may change your beneficiary for the Option 1 Balance (Option 1, 4-2W/1, or 4-3W/1), the Retired Death Benefit, or the Temporary Annuity Balance at any time by filing a *Lump Sum Beneficiary Designation* form with CalPERS.

A change in your marital status, domestic partnership status, or the birth or adoption of a child after retirement will automatically revoke a previous beneficiary designation for any lump-sum benefits. For more information on this topic, request a CalPERS *Changing Your Beneficiary or Monthly Benefit After Retirement* booklet.

How to Reach Us

CalPERS On-Line

Our CalPERS On-Line Web site at www.calpers.ca.gov provides a quick, easy, and convenient way to get CalPERS information.

- Obtain a member log-in name and password to access your personal account information.
- View your Annual Member Statement
- Complete a retirement estimate
- Find out about Financial Planning Seminars and Retirement Workshops (enroll early because they fill up fast).
- Learn more about taxes, your retirement, and your 1099R tax form
- Download CalPERS forms and publications
- Information about CalPERS programs
- Membership questions
- Retirement information
- Health benefit information
- Member Home Loan Program
- Long-Term Care Program
- 457 Public Agency Deferred Compensation Program
- And much more!

CalPERS Customer Contact Center

For assistance by telephone, call us toll-free at (888) CalPERS (225-7377).

CalPERS customer service agents are available to help you Monday through Friday, 8:00 a.m. to 5:00 p.m.

You can also use our automated voice response system to order CalPERS forms or publications 24 hours a day, 7 days a week, by calling toll-free (888) CalPERS (225-7377). Telecommunication devices for the deaf: (916) 795-3240.

Workshops

To register for a CalPERS Financial Planning Seminar or to enroll in a CalPERS Retirement Planning Workshop, call toll-free (888) CalPERS (225-7377) Monday through Friday, 8:00 a.m. to 5:00 p.m.

You can also register on our CalPERS On-Line Web site at www.calpers.ca.gov. Go to the Member Information section of the site and look for the “Seminars, Workshops, and Events” link on the left side of the page.

CalPERS Regional Offices

Hours: Monday thru Friday 8:00 a.m. – 5:00 p.m.
Visit the CalPERS Web site at www.calpers.ca.gov
for directions to your local office

Sacramento Regional Office

2750 Gateway Oaks Drive, Room 140
Sacramento, CA 95833

*Sacramento Regional Office will be
moving late 2005 to the new CalPERS
Headquarters building at 400 Q Street,
Sacramento, CA 95814*

San Francisco Regional Office

301 Howard Street, Suite 2020
San Francisco, CA 94105

Glendale Regional Office

Glendale Plaza
655 North Central Avenue, Suite 1400
Glendale, CA 91203

San Bernardino Regional Office

650 East Hospitality Lane, Suite 330
San Bernardino, CA 92408

San Diego Regional Office

7676 Hazard Center Drive, Suite 350
San Diego, CA 92108

San Jose Regional Office

181 Metro Drive, Suite 520
San Jose, CA 95110

Orange Regional Office

500 North State College Boulevard, Suite 750
Orange, CA 92868

Fresno Regional Office

10 River Park Place East, Suite 230
Fresno, CA 93720

CalPERS Headquarters *

400 P Street
Sacramento, CA 95814

*CalPERS Headquarters will be
moving late 2005 to 400 Q Street,
Sacramento, CA 95814.*

Some Publications of Interest

- *Employment After Retirement*
- *CalPERS Retired Member Death*
- *The Power of Attorney*
- *Changing Your Beneficiary or Monthly Benefit After Retirement*
- *When You Change Retirement Systems*
- *Reinstatement From Retirement*

While reading this material, remember that we are governed by the California Public Employees' Retirement Law. The statements in this booklet are general. The Retirement Law is complex and subject to change. If there is a conflict between the law and this booklet, any decisions will be based on the law and not this booklet.



California Public Employees' Retirement System

400 P Street
Sacramento, California 95814

(888) CalPERS (225-7377)
www.calpers.ca.gov

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